

# Menger's theory of 'imaginary goods' and the historical emergence of British medical experts.

By Andreas Chai

Evolutionary Economics Unit,  
Max Planck Institute for Research  
into Economic Systems,  
Kahlaische Str. 10. D-07745  
Jena, Germany  
chai@mpiew-jena.mpg.de  
Tel +49 3641 686 835  
Fax +49 3641 686 868

**ABSTRACT.** Carl Menger suggested that advances in scientific knowledge would benefit consumers by slowly wiping out 'imaginative goods' - goods that do not possess even an indirect objective causal relationship to the satisfaction of consumer wants (Menger 1950:53). To assess this claim, this paper historically examines what role scientific experts and their knowledge played in guiding the emergence of the British demand for holiday resorts. For much of its history, visiting resorts was very closely related to the emergence of medical experts and their knowledge about how to use certain inputs found in nature, such as water, air and sunshine, to treat sickness. We contend that the degree to which consumers heeded expert advice was tempered by the consumer's 'acquired want' (Witt, 2001b:29) for treatments that elicited immediate physiological reactions. This may help explain how resorts underwent not only geographic reallocation but also a functional transformation from being a defensive good (consumed in order to avoid pain) to being a creative good (consumed in order to attain pleasure) (Scitovsky, 1976). The case study does provide evidence that scientific advances improve consumer welfare in the long run. However, it is also found that certain imaginary goods were an unavoidable byproduct of such advance because it inadvertently required consumers at times to adopt and trial radically novel treatments, some of which indeed turned out to be useless but nevertheless became quite popular.

**Keywords:** History of Health Policy, Consumer Welfare, Austrian Economics, Resorts.

**JEL Classification:** N33, I18, B53, D10.

**Resort.** A place to which persons repair. Now frequently used in combination with *health, holiday, seaside*, etc. -Oxford English Dictionary.

**Imagination.** The action of imagining, or forming a mental concept of what is not actually present to the senses; the result of this process, a mental image or idea (often with implication that the conception does not correspond to the reality of things, hence freq. *vain (false, etc.) imagination*). -Oxford English Dictionary.

## **1. Introduction**

In ‘Principles of Economics’ Carl Menger proposes that a fundamental prerequisite to understanding why people consume certain things is to first comprehend how they learn to associate these things to certain consequences, and how the strength of such associations change over time (Menger, 1950:53). Such a task is not simple and consumers may commit errors in making such associations, especially when complex goods and consumption methods are involved (Menger, 1950:67). However, Menger suggested that such complexity may be assailed by the advancement of scientific knowledge which he argued would benefit consumers by slowly wiping out ‘imaginative goods’ - goods that do not possess even an indirect objective causal relationship to the satisfaction of consumer wants, such as aphrodisiacs, love potions and amulets (Menger 1950:53). To assess the accuracy of this prediction, this paper examines what role scientific experts and their knowledge played in the emergence of the British demand for holiday resorts.

Today, the visits to seaside resorts with the typical ‘sun, surf and sand’ features represent almost half of the British tourism (Papatheodorou, 2004). These are perceived by tourists to have a ‘restorative’ impact on their health and general well-being (Bukart and Medlik, 1992; Inglis, 2000; Parrinello, 1993). As it turns out, visiting resorts was historically very closely related to the emergence of medical experts and their knowledge about how to use certain inputs found in nature, such as water, air and sunshine, to treat sickness. Consequently, breakthroughs in biometeorological knowledge<sup>1</sup> had strong implications for which environments were used to treat patients (Towner, 1996). To explain how resorts underwent not only geographic reallocation but also a functional transformation from being a defensive good (consumed in order to avoid pain) to being a creative good (consumed in order to attain pleasure) (Scitovsky, 1976), we track how efficaciously different generations of expert advice fitted into consumer’s preexisting method of learning and consuming. Here we contend that the impact of expert advice was tempered by the consumer’s ‘acquired want’ (Witt, 2001b:29) for treatments that elicited immediate physiological reactions. Given the innately hedonic value of certain types of reactions, we argue resort treatments evolved over time to not only reflect the latest scientific knowledge, but also towards treatments that were more effective in eliciting immediate physiological reactions in consumers.

From the case study we find that while resorts treatments did indeed increasingly feature methods that elicited immediate physiological reactions more effectively, to what extent these played a role in promoting the recreational use of resorts is questionable

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<sup>1</sup> Biometeorology is the study of how climate & environment affects living organisms. Medical Biometeorology examines how such affects can be harnessed to treat diseases. It has been generally recognized as the scientific precursor to modern medicine, see (Neuburger, 1943).

since there are many other social as well as economic factors that were involved in this change. In terms of whether scientific advance does wipe out imaginary goods, the case study does provide evidence that such scientific advances improve consumer welfare in the long run, as Menger predicted. However, the case simultaneously shows that certain imaginary goods were to some extent an unavoidable byproduct of such advance because it inadvertently required consumers to adopt and trial radically novel treatments, some of which indeed turned out to be useless but nevertheless became quite popular.

The paper is structured as follows: Section 2 critically reviews the traditional accounts of how and when British Resort tourism emerged and draws on Menger's theory of consumer learning and imaginary goods to hypothesize how resorts changed from being consumed in order to treat sickness to becoming essentially a center for sampling pleasurable stimuli. In order to test these, Section 3 recounts the history of resort tourism. Section 4 discusses to what extent the case study provides evidence for these hypothesis as well as Menger's conjecture that scientific advance essentially improves consumer welfare by promoting the use of more objectively accurate consumption techniques. Section 5 concludes.

## **2. Why resorts?**

At first glance, the historical emergence of British resort tourism may seem like a strange place to investigate the long run impact of scientists and scientific advance on consumption patterns. Yet, as Herbert Simon noted, the modern practice of tourism has a peculiar – if not inefficient– character (Earl, 2001). Why do people travel? If it is to gain information (“to see what its like”), the local library provides a cheaper, quicker and easier way of finding out (Simon, 1996:306). If it is to relax and unwind, why bother exposing oneself to the many risks involved in traveling? Nevertheless, a universal feature of advanced economic development is the emergence of what Konrad Lorenz dubbed the ‘Pleasure Economy’ – the rising percentage of household income spent on entertainment consumption (Lorenz 1970; Scitovsky, 1976). Here tourism has especially risen to become one of the leading global industries, representing 11% of global GDP and one of the major migratory movements in modern society (about 700 million international travelers in 2001(UNEP 2004). Visiting seaside resorts with the typical ‘sun, surf and sand’ features represents almost half of the tourism market (Papatheodorou, 2004). Tourists generally consider their stays in such natural environments to be beneficial to their health and general well-being (Bukart and Medlik, 1992;Inglis, 2000;Parrinello, 1993).

In most historical accounts, the rise of resort tourism is simply interpreted as a natural development of the industrial revolution. In the first half of the nineteenth century, coastal resort towns showed a faster rate of population increase than manufacturing towns; 2.56 per cent per annum in coastal resort towns versus 2.38 per cent per annum in factory towns (Lickorish and Kershaw, 1975). Its timing is largely attributed to the growing numbers of consumers who considered themselves middle class that constituted a buoyant demand for the seaside in the nineteenth century (Towner, 1996:173). Others emphasize the role that Thomas Cooke played in inventing organized tourism (Urry, 1990). He first chartered a train from Leicester to Loughborough for a

temperance meeting in 1841, and soon after used the same mode of transport to arrange seaside outings for factory workers<sup>2</sup>.

However, what these accounts usually neglect is the fact that prior to the industrial revolution, there already existed a well-established resort industry in Britain which possessed both the economic infrastructure and the pleasurable stimuli which were easily appreciated by the new generation of consumers. Furthermore, from a historical perspective, these important features can not be considered by any means to be a constant and predestined characteristic of resorts. Indeed, the first generation of resorts which emerged at a number of mineral springs in the 15<sup>th</sup> century were mainly frequented by pilgrims and seriously-ill patients, and did not involve cures and treatment which could be regarded in any way as pleasurable (Hembry, 1990). Later, in the early 18<sup>th</sup> century early seaside resorts were characteristically used in the winter and autumn months, where the water was at its coldest- again the main sensory experiences associated with resorts were not very pleasing (Lencek and Bokser, 1998:76).

In this way, the growth of resort tourism requires a more detailed explanation that goes beyond the standard approach of attributing changes in consumption patterns as a simple combination of increasing income and improving technology meeting a latent and constant type of consumer demand (Lancaster, 1966). Rather, the motivations for consuming the resort experience and the hedonic characteristics that were associated with it were subject to satiation and radical change. To shed more light on how this mutation in the function of British resorts occurred, we refer to Menger's discussion about the complexities consumers may face in consumption and how the emergence of scientific experts and their knowledge may help provide solution to some of these difficulties.

## 2.1 Complexity, Experts and Menger's theory of Imaginary Goods

For Menger, all things are subject to the laws of cause and effect (Menger 1950:51). But *which* cause and *which* effect? A fundamental prerequisite to understanding why people consume certain things is to first comprehend how they learn to associate these things to certain consequences, and how the strength of such associations change over time. Rather than define a good as anything that is exchanged on a market, he defined a good as anything that can be causally associated with the servicing of human wants (Menger 1950:2). In this way, what is and what is not a good is not constant or set over time, rather things can lose their 'goods characteristics' according to what consumers know, learn and do (Menger, 1950:56).

Acts of consumption can become complex since a thing does not need to serve a human want directly in order to be considered a good, rather it can become a 'indirect good' by serving as an input into a transformation process which results in the production of final goods (Menger, 1950). This is problematic because whether or not such an indirect

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<sup>2</sup> The temperance movement formed in reaction to an alcohol epidemic that plagued the first generation of factory workers during the industrial revolution (Dingle, 1972). This epidemic peaked in 1875 where around 34 gallons of beer and one and a half gallons of spirits per head was consumed amongst the working class. Despite increased incomes, many workers were living in secondary poverty due to the 'nutritionally unwise' allocation of income (Oddy, 1970). Soon after Thomas Cook organized day trips to the seaside, employers, churches, social movements, politicians and labor organizations joined forces to organize the first mass factory workers excursion to seaside resorts (Walton, 1981). Indeed, the seaside excursion played a large role in encouraging workers to develop savings habits and abandon traditional leisure activities consisting mainly of drinking and gambling and provided an impetus for the establishment of official holiday periods.

good is used successfully depends on not only its objective characteristics but on the consumers ability to use and transform it as well as the other higher order goods that are simultaneously used in the transformation. For example, a consumer may know how to operate a mobile telephone which may be in perfect working order, but if she is outside the network's range, the phone is useless to the consumer. Similarly, if the consumer does not have the adequate knowledge to engage in a mobile phone contract, the phone will remain a 'thing' rather than a 'good'. Menger also recognized that the duration it takes to consume is not just a costly input, but also complicates the act of discerning what the causal associations are between goods and observed effects (Menger, 1950:68). Hence, complexity increases the possibility of consumers making errors and mistakes in their decisions. In this way, the degree of complexity which the consumer faces exponentially increases the more goods she uses and the more knowledge and command these require, as well as the time taken between engaging in a transformation and observing its results.

Juxtaposing his approach to both the neoclassical and institutional methods of studying consumption change, there are simultaneously some interesting similarities and notable differences to observe. Both Lancaster (Lancaster, 1966) as well as Stigler and Becker (Stigler and Becker, 1977) make an important start in capturing the transformative nature of consumption by specifying that utility is not a direct function of market goods consumed, but rather a function of final goods which are produced from market goods. This enables scholars to study how consumption patterns change with the introduction of new goods (Bianchi, 2002). However some problems still exist. While a transformation does occur, it is not one that addresses how a thing becomes a good, since the model starts with specifying given goods that can be changed with full certainty into final goods (Ruprecht, 2002). Furthermore, these models do not fully take into account the impact of increasing complexity that results from an increase in the number of inputs used. Other than perhaps affecting how much time it takes to consume, the actual number of inputs used, their complexity and how they relate to each other are not explicitly accounted for. Indeed the way such models treat time as just another input is itself questionable (Steedman, 2001). In this sense Menger seriously challenges economists to study consumption as a phenomena that is not just related to price and income effects, but also related to how consumer actually learn to consume and make associations between goods and their effects.

In comparison to institutionalist approaches, Menger's systematic examination of consumption via the law of cause and effect bring into question their tendency to simply rely on social influences to explain the nature of consumer behavior (Trigg, 2001). Yet at the same time, Menger does recognize that certain institutions do play an important role in guiding consumer behavior. Specifically, he suggests that the scientific knowledge that comes with economic development improves consumer's welfare by promoting those consumption technologies which are in some sense relatively more 'objectively accurate' (Menger, 1950:53). Such progress will essentially wipe out those goods that are consumed on pretenses that are essentially false, such as aphrodisiacs, love potions and amulets. These he labeled 'imaginary goods' and argued that they occur when 1) attributes are erroneously ascribed to things that do not really possess them, or 2) when non-existent human needs are mistakenly thought to exist. Notably, in the first category he mentions 'the majority of medicines administered to the sick by peoples of early

civilization' and in the second category he mentions 'medicines for diseases that do not actually exist' (Menger 1950:53).

Without doubt, experts play an important role in influencing contemporary consumption patterns. Studying how consumers react to information from other consumers and experts has been widely explored both in the optimizing framework (Akerlof, 1980; Banerjee, 1993; Bikhchandani *et al.*, 1992; Conlisk, 1980; Nelson, 1970; Rosen, 1981) as well as from a more heterodox perspective (Cowan *et al.*, 1997; Mokyr, 2002; Morlacchi, 2004; Rogers, 1962). Beyond economics, many scholars point out that how agents coordinate learning is not only vital to understanding economic behavior, but also to accounting for how civilizations evolve and function in general (Bandura, 1986; Richerson and Boyd, 2004). Continuing Menger's concern for how consumers cope in increasingly complex environments, it has been postulated that the growing predominance of service industries reflects a greater role for experts in forming 'low level consumption preferences' (Earl and Potts, 2004). Consequently such conditions have been argued to both stimulate and require greater coordination between supply and demand (Langlois and Cosgel, 1998; Scitovsky, 1976).

However, this tendency to emphasize the role of experts in guiding consumption begs a question that seems just as difficult as the problem it seeks to resolve: How do consumers learn which experts to rely on? It seems that the consumers state of unknowledge, which leads them to consult experts in the first place, simultaneously renders them disadvantaged in determining which advice to heed and to determine how effective this advice is. At its core, such expert advice is itself a type of higher order good that consumers use to guide their behavior. As such, it intrinsically adds a degree of complexity, another casual association, that consumers have to deal with. From a long run perspective, this is an important question given that displacing entrenched folk law and corresponding imaginary goods can take considerable effort (Ruprecht, 2002:46). In some cases, there are examples which ironically suggest that in order to reach a position of influence with which they can guide consumer learning, experts may first have to convince consumers by precisely the same logic that they aim to correct (Mokyr, 2000).

## **2.2 How British holiday resorts became fun**

The proper investigation of what determines the strength at which individual consumer coordinate or learn from experts requires scholars to abandon long standing conceptions of consumers as either completely 'sovereign' (Friedman and Friedman, 1980) or, on the other extreme, as simply being 'taught' to demand novel innovations (Schumpeter, 1934). Rather, to continue Menger's tradition of analyzing such phenomena in terms of the laws of cause and effect, we approach the problem by examining how efficaciously expert advice fits into the consumer's preexisting method and habit of learning and consuming. To do so, we outline here a framework for studying the organization of consumption by which one can qualitatively distinguish between the varying sources responsible for complexity in the act of consumption. This is then used to hypothesize how changes in the means by which agents learn and consume may have contributed to the observed functional mutation mentioned in British holiday resorts (as discussed earlier).

Learning is the capability of human beings or animals to modify their behavior according to their experiences, beyond instinctive reactions and in a more or less

permanent way (Anderson, 2000:1). The product of learning is knowledge. This includes our “habits and skills, our emotional attitudes, tolls and our institutions,” which all adapt to past experience (Hayek, 1960:26). How such learning is organized on the technical, physiological, cognitive and social dimension is dependent on a number of interacting elements (Ruprecht, 2002; Witt, 2001b): a) The consumer’s evolved wants which motivate consumption; b) The material things, such as tools and inputs, that are used in the consumption process; c) the mental techniques which these require; d) the social authority from whom the consumers learn; e) the more general ‘interpretive frame’ by which the consumer cognitively interprets problems faced in consuming and evaluates the effectiveness of potential solutions<sup>3</sup> (Witt, 2001a).

In his discussion of how consumption becomes specialized, Witt emphasizes that economists need to pay more attention to the essentially non-cognitive manner in which consumer learn (Witt, 2001b:29). Using the basic behaviorist tenets of behaviorist psychology, he suggests that via associative learning, consumers can develop ‘acquired wants’ in which an association between neutral and rewarding activities leads the consumer to develop a taste for the formerly neutral stimuli (Witt, 2001b:29). The strength of acquired wants fade if the association on which they are based is not at least occasionally corroborated. This idea that consumer behavior may be guided by such acquired wants suggests a simple alternative in which consumers deal with complexity in the act of satisfying their wants. Instead of endlessly deliberating on the possible casual connections between goods and outcomes, consumers simply rely on their conditioned tastes to guide consumption. However, it is important to note that acquired wants do not necessarily have to reflect associations that can objectively satisfy the consumer’s want, they merely have to coincide with the attainment of positive reinforcement. As a result, the wrong associations can be made between the exteroception of sensory stimuli and the interoception of reinforcement (Skinner, 1953:51).

Consequently, expert advice –as an alternative way of assailing complexity in a more cognitive manner– may be tempered by the consumer’s preexisting set of acquired wants. Indeed, examining Menger’s list of imaginary goods that were supposedly extinguished by scientific progress, it seems that many of these are associated with stimuli that elicit strong and immediate physiological reactions. For example, aphrodisiacs, love potions and to a lesser extent cosmetic are associated with sexual arousal. This suggests that consumers faced with complicated situations and not knowing better, may use certain types of ‘gut reactions’ to goods as a means of evaluating their effectiveness<sup>4</sup>. Indeed such conjecture is not at all new to economics. Adam Smith devised behavioral theory of knowledge growth in which he argues that agents evaluating

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<sup>3</sup> According to social psychology, the human mind always ‘frames’ information with already existing interpretation patterns (knowledge representations) even on the level of deliberate reasoning and thus produces mental attitudes of a fairly rigid nature (Bandura, 1995).

<sup>4</sup> In the last three decades, understanding how agents use a small set of judgmental heuristics in situations of uncertainty and how these can lead to characteristic error or biases has become a popular topic in behavioral economics (Kahneman *et al.*, 1982). At the same time, this mainly experimentalist programme has been heavily criticized for containing problematic methodologies and imprecise definitions of what precisely constitutes a ‘bias’ (for example see (Gigerenzer.G., 1996)). Without wanting to down play this debate, for the purposes of this paper we do not discuss emotions per se, but rather only the immediate physiological sensory experience that a particular treatment elicit and how these impacted the the long run development of consumption patterns. For more discussion about the role of ‘intuition’ and ‘emotions’ guide and motivate economic behavior see (Frank, 1988; Frantz, 2003; Loewenstein and Lerner, 2002).

complex goods such as astronomical theories will favor those that elicit surprise, wonder and admiration (Smith, 1980). In this sense commentators concerned with investigating how knowledge grows emphasize the need to pay more attention to the aesthetic tastes may guide scientific inquiry (Loasby, 2002).

In terms of explaining the functional mutation of British resorts from being used as an expertly-promoted instrument to cure sickness to becoming essentially a center for recreational stimulus sampling, we propose that the elicitation of strong and immediate physiological reactions were perceived as a type of reinforcement when consuming medical treatment. These immediate physiological reactions were basically used as rough approximations for processes and causal connections that were too complex for consumers to discern<sup>5</sup>. Such a hypothesis seems intuitive given that these reactions are essentially signals to the mind about the state of the body (Damasio, 2003). By making such an association between stimulus and response, consumers developed an acquired want which tempered the degree to which new expert advice was heeded in the future.

**Hypothesis 1.** Consumers possessed an objective bias for those treatments which elicited immediate physiological reactions.

Hence, the probability of a devised treatment being successfully adopted by consumers was related to its objective ability to elicit an immediate physiological reaction in consumers. In the longer run, if such a bias is sustained over time, this implies one would expect that the trajectory along which resort treatments evolved to not only reflect scientific advances, instead these would also evolve towards forms that were more reliable in eliciting immediate physiological reaction in consumers.

**Hypothesis 2.** The biometerological treatments that resorts offered did not only change to reflect the latest scientific advancements, but they also moved towards those techniques that were more reliable in eliciting immediate physiological reactions in consumers.

Given such a dual selection criteria for new resort treatments and their theories, a reason for the actual functional mutation of resorts may lie in the simple fact that these physiological reactions may have altered the developmental trajectory of resorts to eventually set up the conditions in which consumer began to visit resorts more for such responses rather than the cures which they were originally thought to represent. Such physiological reactions are intrinsically of hedonic value, ie. they are perceived as painful or pleasurable. From this perspective, scholars have recognized that such physiological reaction may not just be used as a heuristic, but that they also act as an incentive (Ainslie, 2003;Frank, 1988:51). Therefore we hypothesize that over time consumers naturally preferred to assess those types of treatment that elicited pleasurable experiences, even if their scientific underpinnings have become unacceptable or have never been credible in the first place.

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<sup>5</sup> In much the same way economists use the imaginary concept of utility as a proxy for something they deem to complex or inappropriate to explain (Witt, 2004).

**Hypothesis 3.** Because consumers prefer pleasurable experiences to painful experiences, those treatments which elicit pleasurable stimuli became relatively more popular over time, creating the situation in which new generation consumers visited resorts more for the sake of experiencing pleasure rather than attaining health.

Together, these hypotheses outline how the interaction between consumer's acquired wants and the advice that was offered by scientific experts played a role in how resorts essentially became fun. They do not seek to neglect traditionally important variables such as the improvement of transport technologies, and increasing incomes, however these alone do not seem to provide a proper explanation of how these resorts underwent a functional transformation from a defensive good (consumed in order to avoid pain) to a creative good (consumed in order to attain pleasure) (Scitovsky, 1976). To verify these hypotheses, in the next section we conduct a case study of the development of the British demand for seaside resorts which focuses on how the relationship between consumers and such 'scientific' experts historically emerged and grew, thereby providing further insights into Menger's hypothesis about the general impact that scientific experts would have on consumption patterns.

### **3. The history of resort tourism**

#### **3.1 Medieval to post-reformation era.**

Since before recorded history, the healing power of water has been a popular theme in many religions (Routh *et al.*, 1996). Hinduism, Judaism, Islam, Buddhism and Christianity all relate washing to religious purity. Moreover Egyptians, Sumerians, Babylonians, Aztecs, Greeks and Romans all developed medicinal and religious rites associated with water. During the Roman empire, extensive use was made of mineral waters and most of the thermal springs in Europe were discovered, as well as those of Bath and Buxton in England (Hembry, 1990). Sea bathing was used for the treatment of gout, foot disease, sciatica, fever, psoriasis and wounds. Even in this early era, such baths were not used for purely medicinal purposes alone, for example they also used baths and very hot water to renew their appetite and thirst after lengthy feasts (Routh *et al.*, 1996).

As the Roman Empire declined, the use of mineral springs diminished and the baths were generally neglected or destroyed. In the middle ages, many wells were adopted by the early church and dedicated to saints (Hembry, 1990:4). Over time, the number of mineral water springs that were deemed 'holy wells' proliferated in England as the poor carried their sick there to be cured of a variety of ailments. A survey in 1893 found 450 of such holy wells located throughout Britain. In using these waters, consumers usually consulted priests and monks. They treated disease as a symptom of sin, and thus church doctrines often championed healing rituals which involved the use of relics, offerings made in fulfillment of vows, pilgrimages, holy waters, shrines and cults (Porter, 1996).

While there exist few detailed sources on medieval resorts, one can deduce that given the emphasis on faith, no systematic method of using the spa water as a cure developed. Many early physicians were appalled by the essentially chaotic nature in

which these waters were used in all sorts of ways to treat all sorts of cures. Walter Bailey<sup>6</sup> wrote in 1587:

“I found great concourse of all sorts of people affected with sundry and dissident diseases, which all in one manner used the waters, both inwardly and outwardly without counsel or any just consideration, carried away with opinion, as it seemed that the faculties and virtues of them, were supernaturally given from God without any ordinary means, and so the use of the same not to depend of any order or advise of Physicke, but that it was sufficient by any means to use them. Much like unto the superstition of our forefathers...”(as cited in Harley, 1990:49).

The reformation provided the first impetus to reform how such waters were used to treat sickness and the healing properties of the water were scrutinized. This saw the start of secularist experimentation in the art of ‘balneotherapy’- the study of the effect of spa water on human physiology (Hamlin, 1990:68). In the face of continuing use and the growing number of physicians who endorsed ‘scientific’ water cures, Queen Elizabeth’s government allowed the use of water for healing only if the water contained proven mineral waters where no miraculous element was claimed (Hembry, 1990:6). The demand for healing waters also reflected the fact that people were suffering from a great many diseases such as the plague and syphilis epidemics of the 14<sup>th</sup> and 16<sup>th</sup> century and were desperate to try any type of cure. Hence a great number of spas were opened with a purported wide range of both water qualities as well as actual treatment methods.

As physicians replaced priests in consulting consumers, a wide range of distinct consumption techniques emerged that were unique to a particular physician or location. This diversity in techniques occurred partially because the physicians viewed each individual waters as unique, irreducible and inimitable (Hamlin, 1990:70). Indeed, Harley argues that the development of early chemistry was severely hampered by the popular view held by physicians that water was not perceived as a element or a chemical compound: Rather it was a complex entity which possessed a certain ‘spirit’ that transcended analysis or capture. Commercially, this meant any particular spring water’s effect on the patient could not be copied by competition, the water itself could not be substituted for by the consumer, or refined by the chemist. Further, drinking such ‘living water’ was possible only at the spring; bottle versions were seen as inferior. In such an environment of mystique and uncertainty, a salient clue that these physicians were somewhat influenced by commercial interest is that they rarely suggested that their own spa was actually dangerous, although they had little hesitation in suggesting that other waters could be lethal (Harley, 1990:49). Irish physician Charles Lucas wrote in 1756:

“Most of the voluminous and numerous tracts, and of these the most pompous... have been published by men living and practicing upon the spot.. always interested in the fame of the particular water, which was their idol.. Such a man’s evidence therefore be deemed as doubtful, concerning the efficacy of his favorite water, as that of any other priest touching the miracles of the shrine, by which he gets his daily bread,”(as cited in Hamlin, 1990:69)<sup>7</sup>

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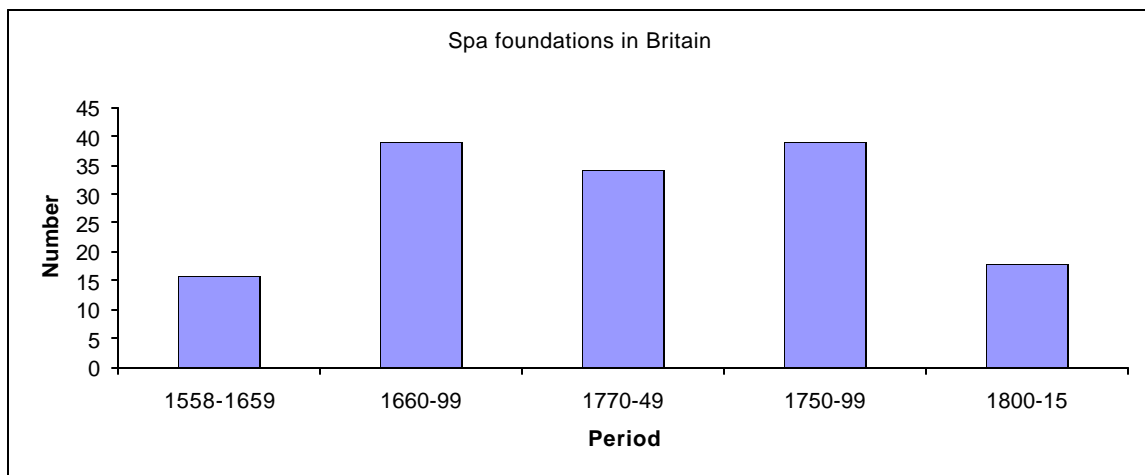
<sup>6</sup> The protestant Galenic physicians were the first people to wrestle authority over the spa water away from priests. However, while openly criticizing priests as illegitimate authorities on medicinal cures, they themselves were still prone to mentioning the role that God’s providence in the promotion of their waters. “the disposing hand of providence hath settled me in Lewisham, the place which God, out of his liberal bounty hath blest with this Medicinal water”, (Harley, 1990:49). Hence aquatic therapy was still being openly promoted as a vehicle for ‘spiritual’ regeneration

<sup>7</sup> Given such rife charlatanism, it is no surprise that by the end of the 17<sup>th</sup> century, some noted a process of tumultuous change in both the types of treatments and the location of spa resorts themselves (Harley, 1990:51). It seems the

In terms of the reinforcement that consumer sought, the evidence suggests consumers preferred those waters which had a clear physiological reaction: The most popular spas in the 17<sup>th</sup> century seemed to be those which offered poisonous tasting, foul smelling, and tinted water (Lencek and Bokser, 1998:60). Ironically, later it was discovered that some of these did indeed turn out to be toxic and quite harmful (Harley, 1990:53). Over time, physicians devised ever more complicated programs in which the use of spa water was used as part of entire spa regimen, which included regular outdoor exercise. It was within these regimes that therapy began to incorporate such subtle methods such as ‘scenic strolls in nature’ that were naturally well received by patients (Soane, 1993). To some degree these techniques benefited from the common perception that both illness and health were jointly matters of mind and body (Porter, 1996). Therefore it was thought that what treatments benefited the mind may well also benefit the body.

Consequently, together with the visitation of royal patronage the amenities of the spa— scenery, food, peace, amusement- eventually became as much part of the cure as were the material effects of the waters (Hamlin, 1990:71). From the 17<sup>th</sup> century onward, this expansion of entertainment facilities accelerated. Apart from the bathhouse itself, provisions for entertainment at health resorts steadily increased over time, starting with assembly rooms and specialized card, dancing, raffling, and music rooms. Larger investments of coffee-houses, libraries, pleasure gardens also became either commercially viable or were financially supported by local municipalities and royalties (Hembry, 1990:303).

**Figure 1:** Periods of Spa foundation in Britain, source (Hembry 1990:360)



All in all, between 1558 and 1815 about 173 spas were created, although the picture was at any one time was of shifting patterns of births and deaths (Towner,

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structure of this knowledge had a clear commercial implication: A spa resort’s success or failure was sought on the reputation of a ‘unique’ water and an accompanying technique, perhaps led to not only the ‘locking-out’ of competition if the cure proved to be popular, but indeed it also led to the ‘locking-in’ of the spa for complete failure if their cure proved to be unsuccessful.

1996:62, see also figure 1 above). Generally, the geographical situation was evaluated according to how well it could provide accommodation, utilities such as energy and water supplied as well as transport for visitors and supplies (Towner, 1996). Many rural spas were short-lived and, although successful development depended heavily on actions of entrepreneurs and public authorities. In certain circumstances the clustering of spas occurred since the lack of a reservation system could lead to overcrowding at some locations where surplus consumers would then seek alternatives in the immediate area. Furthermore, certain entrepreneurs sought to reproduce their success at one site in other areas of the same region, which could not be too far away in order for there to be a proper standard of supervision (Hembry, 1990:251).

**Table 1:** Resort Consumption techniques in the Medieval and Post-Reformation era.

	<i>Medieval era</i>	<i>Post-Reformation era</i>
Input	Spring Water	Spa water
Method:	Bathing, drinking, prayer	Bathing Drinking
Epistemic frame:	Christianity, disease the product of sin	Galenic Philosophy
Consumers:	diseased, pilgrims	Aristocracy
Authority:	Priests, Monks	Physicians

### 3.2 The Romantic & Modern era.

From the late 18<sup>th</sup> century, the English spa operators faced stiff competition from German spas for upper class customers (Bacon, 1997). Compared to the English, the German spas were run by relatively interventionist municipalities whose introduction of the tourist tax in places like Wiesbaden produced larger funds for infrastructure investment (Soane, 1993). A higher degree of regulation also benefited the hygiene level in the city, whereas in England hygiene was not always a prime consideration. Also, the German spa treatment was less subject to the charlatanism that badly damaged the reputation of the English spa industry by the 1860s (Bacon, 1997:177). German spa practitioners were licensed and educated by the state-fostered universities and medical schools. This enormously enhanced the reputation of spa physicians amongst foreign visitors. Finally, The Germanic municipalities had a tendency to regulate parks, walkways and spa buildings that gave these resorts a relatively homogenous architectural character. They also commissioned classical architects to build spa facilities (Soane, 1993).

At the same time, a new crop of medical theories had emerged which promote the use of seawater rather than spa-water as means of treating sickness. In the 18<sup>th</sup> century Thalassotherapy (the study of how marine environments affect human physiology) appeared, which not only made use of water but also the sea-breeze. However the manner by which they used these resources was still very much different from how they are consumed by contemporary resort visitors. Notably, consumers would visit the resort during the winter and autumn, when the water was at its the coldest (Towner, 1996:177). The bather would employ a horse cart and attendant to be taken out to the deeper part of the beach (Lencek and Bokser, 1998:76). There the attendant would repeatedly plunge

the bather into the water in rapid fashion until the bather was fully emerged. It was commonly accepted that the act of submergence commonly knocked the bather unconscious after repeated trials. Sir John Floyer noted in 1701-2:

“Cold baths caused a sense of chillness, and that, as well as the *terror* and *surprise*, very much contracts the nervous membrane and tubes, in which the aerial spirits are contained, and they being kept tense and compressed, do most easily communicate, all external expressions to the sensitive soul. Not only the external senses are more lively in cold water, but all our animal actions and reasoning are then more vigorous by the external compressure of cold air. (Lencek and Bokser, 1998:76, own emphasis added).

Later Vincent Pressnitz (1799-1851) promoted cold water to a focal point for a radically new concept in therapeutics (Price, 1981:271). He forbade drugs, urged exercise, providing the coarsest of food and prescribing heroic quantities of cold water internally and externally. Hence cold water drinking was used by consumers to cure everything from constipation to preparing women for the toughness of childbearing (Lencek and Bokser, 1998:76). It was further speculated that the internal organs of humans behaved very much like those of other organisms. If cold water could stiffen and invigorate plant stalks, then, by analogy, it could contract the interior of the human body (Browne, 1990).

Apart from temperature, chemical analysis was also popular because of the rise of chemical analysis. This is evident in Bertrand Russell's writings, which argued that it was salt water that was nature's own best medicine in that it provided a defense against decay and putrefaction. He praised seawater for its heavy traces of iodine, bromine, chloride of sodium and muriate of magnesia- a salt considered particularly beneficial to humans- chloride of potassium, Epsom salt, sulfate of lime and carbonate of lime (Lencek and Bokser, 1998:78). By regulating glandular secretions, seawater was thought to cleanse the system, controlled the rate of internal putrefaction, and invigorated the entire organism.

After 1783, the theories of the French chemist Antoine Avoisier underlined the crucial role of oxygen in maintaining the organism and the nearly simultaneous increase in pulmonary consumption focused anxiety on respiration (Inglis, 2000:15). Oxygen was believed to be active in destroying unwholesome substances and was rumored to be generated in the air by salt water. Scientific investigations of the period demonstrated sea-air to be the purest and most saturated with oxygen, superior even to mountain air (Towner, 1996:169). Thus the sea-air becoming an increasingly popular tool for medical treatment. Physicians instructed patients to breath deeply in sight of the sea, so that the whole body could be infused with an ethereal antiseptic which would reduce 'morbid humors' to an absolute minimum. Consequently, one way in which the resort location was judged was according to the wind direction and strength and air quality, as well as temperature variations, local birth and death rates (Towner, 1996:201).

This change in paradigm thus not only reflected the utilization of a new set of natural inputs, but an altogether different approach to medical treatment in general. It promoted a general mistrust of orthodox medicine, which fermented when a range of new drugs recently arrived in Britain over which there seemed to be a 'reckless ignorance' of their physiological affect. These included mercury, sulphur, tobacco, tar and acetate of lead, and varied in their toxicity (Price, 1981:270). As a result, this new generation of 'Romantic' medical theories advocated a drugless system of natural therapeutics intended to tranquilize and stimulate the nervous system (Price, 1981:270). In this era, the general doctrine of the natural healing process was reemphasized (Neuburger, 1943). Because of

this reactionary character, Part of this a new paradigm encouraged consumers to trust their own intuition in assessing the effectiveness of medical cures, over the advice of established medical authorities (Price, 1981). Consequently, it introduced the intellectual climate in which it was possible to conclude that the residents of the newly emerging industrial town and cities could greatly benefit from spending short periods away from them, viewing nature (Urry, 1990:20).

**Figure 2:** The emergence of the British seaside resort, 1750-1911. (Source: Towner 1996).



Figure 7.2 The pattern of seaside resort growth in England and Wales, 1750-1911

At the same time, the entertainment aspects of the seaside resort also took on larger dimensions. The seaside resort developed its own distinct types of entertainment attractions rapidly given the relative social informal and geographically unrestricted environs (Urry, 1990). Over time, in the face of increasing competition, other attractions developed through which resorts attempted to distinguish and emulate each other. These included the pleasure pier, a promenading area, and the fairgrounds that were springing up on or next to popular parts of the beach in the larger resorts. The latter were permanent and on a scale which dwarfed the itinerate fairs which visited the inland industrial towns (Walton, 2000:107). Some needed constant re-capitalization and updating, such as Blackpool, Southend, Margate and Southport. Municipalities also built aquaria, winter gardens, which provided glassed-in promenades with potted plants for decorous sociability. Thus, the distinctively 'seaside' aspects of these ventures seem to lie in their sheer scale and elaboration, and the exotic exuberance of their architecture and décor which, (in the largest and most popular resorts) were beyond most, if not all, that was on offer in the big industrial towns (Walton, 2000:95).

Consequently, at the beginning of the twentieth century the English and Welsh coastlines were uniquely well endowed with seaside resorts. While competitors for well-off British holidaymakers had emerged on the French coasts, there was plenty of growth

in demand at working-class and mainstream middle-class levels to sustain continued expansion. Between 1911 and 1931 the seaside resort population grew by about 25% from 1.6 to 2 million, and by the 1950s it was over 50% (Walton, 1997:30). The pattern of resort population growth owed much to the legacy of early development, refracted through the changes of the railway age.

However while British tourism expanded into a massively popular social phenomenon in the 20<sup>th</sup> century, these destinations have paradoxically decreasingly benefited from this growth (Cooper, 1997). Instead, from the 1960s onwards, British tourists abandoned these resorts in favor of seaside resorts that were mainly located in warmer climates along the Mediterranean. Holidays abroad went up from 1.5 million in 1951 to hover at or just over 5 million during the 60s. These reached 8.5 million in 1972, although afterwards they dipped for several years due to the oil crises. In contrast, between 1978 and 1988, 39 million nights were lost at seaside destinations, representing half of their market for some of the smaller resorts (Cooper, 1997:86). All up, between 1973 and 1987 the proportion of total tourist expenditure spent in the resorts has fallen from about one-half to one-third.

**Figure 3:** The Decline of British Seaside Resorts, source (Cooper, 1997:85)

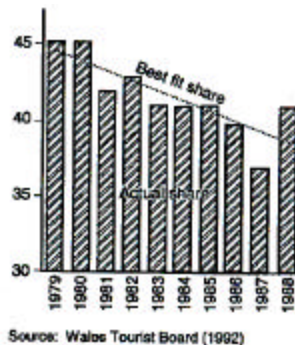


Figure 4.2 Change in market share of seaside holiday nights (per cent) in Britain

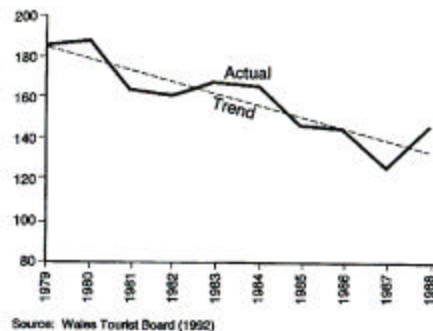


Figure 4.1 Total visitor nights (million) in seaside destinations in Britain

Certainly this change was enabled by the continuing growth of holidays with pay during and after the war, which helped boost the spread of the holiday habit, and made a continuing contribution to the expansion and extension of working class holidays during the period of rising living standards in the 1950s and 60s (Walton, 2000:58). Simultaneously, the war had also laid the technological foundations for mass transport to be utilized for commercial use and hence rising real incomes was met by responsive and creative outbound tourism sector (Cooper, 1997:86). Packaging together flights, accommodation and transfers at competitive prices, the sector quickly achieved scale economies. Also domestically the seaside resort came under sharp pressure from the proliferating adventure and theme parks that offered the same sort of entertainments but closer to cities (Urry, 1990).

However, on a more fundamental level, one must account for the emergence of the consumer taste for sun exposure that laid the foundation for the declining demand for the British seaside resort. Beyond simply holding changes in social norms responsible, what many commentators have not mentioned is the close relationship this change had with advances in medical theory of the time. In 1877, sunlight was shown to influence bactericidal and fungicidal activity in vitro. Then, in the 1890s the Danish physician

Finsen became the father of modern helio- and phototherapy when he reported the successful clinical use of ultraviolet radiation in treating cutaneous tuberculosis. The impact on medicine and science was fundamental in popularizing the idea that sunshine could be used as a cure (Albert and Ostheimer, 2002:932). This was reflected in the fact that Finsen was awarded the Nobel Prize in Medicine in 1903.

Another contributing factor to its popularity was that during the early 1900s, the disease of rickets swept through Europe, which was thought to be caused by vitamin D deficiency. Rickets was common amongst urbanized children, who were subsequently treated with sunlight once the connection between sunlight and vitamin D was made (Albert and Ostheimer, 2002:909). Soon it was further suggested that ultraviolet light increased resistance to the infection including the common cold. This idea gained acceptance after a 1924 report that blood taken from ultraviolet-irradiated rabbits showed an increased ‘bactericidal power’ in vitro (Albert and Ostheimer, 2002:910). These discoveries further supported the belief that ultraviolet light can be perceived as multipurpose antidote to bad health. In 1924 the AMA journal commented:

“Shall it not soon be said in truth that both animals and plants literally can bottle up sunshine for us- as we ourselves may do in helpful measure if only we deign to permit the benevolent rays to find a way without artificial hindrance to our bodies?” (as cited in Albert and Ostheimer, 2002:911).

As a result of these perceptions, exposure to ultraviolet light became a public health goal. Articles appeared in the popular press with titles such as “Meet doctor sunshine”, “Eating sunshine” and “Nature gives us sunlight – lets use it!” (Albert and Ostheimer, 2002:911). Children were encouraged to keep out of the shade and outdoor sunbaths were recommended for infants. Glass was also developed that more efficiently transmitted ultraviolet radiation that was subsequently used in schools, hospitals and hotels. Summer camps were established to treat undernourished children with sunbathing (Albert and Ostheimer, 2002:913). The goal was to promote weight gain as well as improve muscle tone, hemoglobin count, and the excretory function of the skin<sup>8</sup>.

**Table 2:** Resort consumption techniques in the Romantic and Modern era.

	<i>Romantic era</i>	<i>Modern era</i>
Input	Seawater, sea-air	Sunshine
Method:	Bathing, drinking, breathing	Sunbathing
Epistemic frame:	Romantici philosophy, use treatments that elicit shock & surprise	Heliotherapy
Consumers:	New Middle Class	Mass tourists
Authority:	Chemists, and physicians	Public health authorities

<sup>8</sup> It was only in the 1950s that the corner was turned, and it became common for popular articles relating sun tanning and sunburn to mention the risks of photo aging and skin cancer from excessive sunlight exposure (Albert and Ostheimer, 2002:1098).

#### 4. Imaginary goods and scientific progress

Resort tourism did not emerge out of any one single learning process – rather it formed incrementally as a result of a series of learning processes through which a number of types of consumption technologies have risen and fallen in popularity. In all three major phases, new bodies of scientific thought played a significant large role in stimulating and directing aggregate consumer demand by providing new explanations concerning how natural inputs can aid the consumer’s well-being and creating techniques based on these theories that could be conveniently used. This essentially supports Menger’s hypothesis about the major impact scientific advances has had on consumer learning processes. During the early spa resort era, Galenic traditions and early pneumatic chemical discoveries made their impact on spa-water cures; later the discovery of oxygen, the physiological theories of Floyer and Priessnitz played a role in the rise of the seaside resort. Finally, the invention of heliotherapy and the discovery of the role that sunshine plays in activating vitamin D in the skin can be cited as influencing the demand for ‘sunny’ resorts in the 20<sup>th</sup> century. Together, these facts represent convincing evidence of the strong influence scientific thought can have on consumption processes.

**Table 3:** The evolution of resort consumption techniques

	1500-1750s	1750s-1880s	1880s-Present
Location	Spa Resorts	Seaside Resorts (North)	Seaside Resorts (South)
Basic Inputs	Spring Water	Sea Air, Sea Water	Sunshine
Tools & Techniques	Drinking, bathing, wet-sheet rubs and wrappings	Breathing therapy, Shock bathing	Sun-baking, use of sun lotions
Epistemic Frame	Holism: Waters are Unique, Irreducible, Inimitable	Priessnitz, Oxygen, Chemistry	Heliotherapy, Vitamin D.
Experts	Priests, later Galenic Physicians	Pneumatic Chemists, physicians	Physicians

At the same time, the evidence suggests that degree to which consumers accepted expert advice, which typically appeals to cognitive modes of learning, was tempered by the longstanding biases for certain types of treatments. In terms of the hypotheses conjectured in section 2, this case study provides substantial evidence for the notion that consumers possessed an objective bias for those medical treatments which elicited immediate physiological reactions (Hypothesis 1), and that such a bias influenced the growth trajectory of resorts in that treatments changed to not only reflect latest scientific knowledge but also changed to become more reliable in eliciting immediate physiological reactions (Hypothesis 2). Initially, this bias was linked to the problem that there was no objective basis for comparing the effectiveness of treatments. What appeals were made to experimentation were likely to be simplistic and relied on the consumer’s self-assessment.

For example, Frederick Slare compared waters of two spas by drinking first one and then the other for a week, and then drinking them alternately for 20 days, “the result was so plain and manifest to me that the Pymont water gave me more spirit and strength those days I drank them, than when I used the others,”(Hamlin, 1990:71) While the techniques for scientifically testing the properties and the medical effects of water did improve slowly, there was no guarantee that consumers would trust such tests. For example, since many of its early proponents were unable to account for dissolved gasses in water that were responsible in many cases for the water’s taste, texture and odor, the practice of chemically testing a number of spa waters that were offered by resorts actually benefited less scientific treatments since consumers were attracted to those treatments that were perceived as mysterious (Hamlin, 1990:70). Especially intriguing but unexplainable was the observation that, when stored, certain waters lost their special bubbling qualities and went flat.

Therefore it was not coincidental that the most popular spas in medieval Britain seemed to be those which offered poisonous tasting, foul smelling and tinted water. From that early period until the 20<sup>th</sup> century, every new generation of resorts seemed to offer more effective treatments which could better elicit immediate physiological reaction in consumers. The spa resorts of the post-reformation era developed systemized schema of treatments including various way of using drinking, bathing and rubbing water into patients (Browne, 1990”:113). Next, the early era of seaside resorts used bathing carts and the cold water months to elicit shock and surprise in the act of bathing (Lencek and Bokser, 1998:76).

In terms of Hypothesis 3, which argued that the popularity of pleasurable treatments would create the market conditions in which new generations consumers started to visit resorts more for the sake of experiencing pleasure rather than attaining treatments, the evidence is mixed. The entertainment aspect of health resorts became an increasingly prominent aspect for a number of reasons. Firstly, in the Elizabethan era recreational facilities emerged because of the patronage of aristocracy as well as the common perception that illness and health were jointly matters of mind and body. This naturalistic approach to healing reached a climax in the romantic era which encouraged consumers to discover not only a type of morality but also good health through discovering what natural stimuli elicited pleasurable reactions :(Campbell, 1987). From the late 18<sup>th</sup> century, increased competition from German health resorts also pressured British seaside resorts to devise alternative attractions to appeal to more consumers who were not necessarily in need of medical cures (Bacon, 1997). Thus the manner by which resorts came to have pleasurable characteristics is complex, and there is no clear evidence to what extent the emergence of pleasurable medical treatment contributed to the resort’s functional mutation.

From a general perspective, Menger’s argument that scientific experts do aid consumer welfare cannot be disputed. One can point to definite improvements in consumer welfare thanks to the progress of science: these bring a greater degree of accountability to the type of treatments that the market can supply. By educating consumers, experts did essentially enable and motivate consumers to demand and utilize more tools and more complex consumption process. However, the case also showed that scientific knowledge characteristically emerges through a trial and error process (Loasby, 2002). When we review most of the treatments used in the history of the resort, it is

obvious that some of them caused nothing more than a ‘placebo effect’ (Grunbaum, 1984). Of these, some became popular despite the fact that they were uncovered to be harmful to health, for example the habit of sun-tanning. At the same time, testing these treatments undoubtedly played an important role in progressing science. Thus in order for science to progress in the first place, there must be a certain willingness on the part of consumers to adopt and trial such new treatments that are shrouded in uncertainty. Without such demand and a certain willingness on the part of the consumer to take risks, new innovations and their corresponding theories would simply fail. This implies that no degree of expert advice and scientific knowledge can completely eradicate the possibility of consumers making mistakes and consuming imaginary goods without simultaneously eradicating the environment in which scientific knowledge itself may emerge. From this perspective, imaginary goods are therefore a temporal but unavoidable byproduct of the scientific advance. If such advance is ultimately what drives economic growth (Witt, 1996), imaginary goods must necessarily remain a feature of consumption in a growing economy.

## **5. Conclusion**

This paper has outlined a series of consumer learning processes that together explain the historical emergence of the British demand for holiday resorts. Essentially, it incrementally developed from previous beliefs consumers had concerning the healing power of certain basic inputs found in nature. We suggest that the interaction between expert advice and consumer’s non-cognitive acquired wants played a role in the functional mutation of resorts since consumers originally evaluated resort treatments according to the immediate physiological reaction they elicited. The evidence this for is mixed, since resorts treatments did indeed increasingly feature methods that elicited immediate physiological reactions, but to what extent these played a role in promoting the recreational use of resorts is questionable since there are other social as well as economic factors that were involved in this change. In terms of Menger’s hypothesis that scientific advance would benefit consumers by wiping out imaginary goods, the case study does provide evidence that such advance does improve consumer welfare in the long run. However in order for science to advance there must be a certain willingness on the part of some consumers to trial new treatments that are shrouded in uncertainty. From this perspective, Imaginary goods are a temporal but unavoidable byproduct of the scientific advance.

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